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BRIEF

TO THE MEDICAL SERVICES INSURANCE ENQUIRY

BY

THE ONTARIO PODIATRY ASSOCIATION

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333 WILSON AVENUE DOWNSVIEW, ONTARIO

"Medical Services Insurance Enquiry" Committee of the O.P.A.

Chairman - W. A. Laine, D.S.C., 2489A Bloor Street, West, Toronto.

Vice-Chairman - N. Gunn, D.S.C., 1 Queen's Drive, Weston,

Legal Counsel - D. J. Ongley, Q.C., 320 Bay Street, Toronto.

SUMMARY OF MAIN CONCLUSIONS AND RECOMMENDATIONS

The Ontario Podiatry Association respectfully submits the following conclusions and recommendations for the consideration of the Medical Services Insurance Enquiry:

MAIN CONCLUSIONS

1. The demonstrated need for the podiatrist's services by the hospital clinics and the general public.
2. The medical and surgical techniques of the podiatry profession have a special health, social and economic significance to the public, the insurance carriers and the insured.
3. The desirability of making it possible for the patient to elect a podiatrist to perform a contracted service which represents an underlying philosophy that a patient is insured for a service to be performed and not for who shall perform the service.
4. The privilege of selection of a practitioner to administer services is one that every insured takes for granted as his right, providing of course that the practitioner that he prefers is one duly licensed to perform or render the service needed.

RECOMMENDATIONS

1. Clause (1), Section I of the Medical Services Insurance Act be amended by adding thereto the following "For the purposes of this Act, the term "physician" shall include a podiatrist registered and performing podiatric services under the Chiropody Act, Ontario 1944."

SUBMISSION

1. INTRODUCTION

Podiatry is "..... the treatment of any ailment, disease, defect or disability of the human foot." Subsection (b), Section I The Chiropody Act, Ontario 1944.

The podiatrist, by his specialized training in foot health is the only practitioner in the healing arts who exclusively deals with foot health problems of the public.

Podiatry came into existence because of the lack of special interest by the physician in foot health. Quote by J. H. MacDermot, M.D., "Chiropody, An Auxiliary to Medical Practice", Vancouver Medical Association Bulletin, ".....we cannot deny this that the treatment given by practitioners of medicine, to diseases of the foot, was not adequate - that insufficient study was given to the foot in the medical curriculum, to the importance of footwear, to the necessity of care of the foot....."

The physician's training in foot health problems is in the main limited and directed to the local manifestation of systemic diseases. On the other hand, the training and the interest of the podiatrist is specifically directed to the study of and practise in normal and abnormal foot health, the diagnosis and treatment of the functional and structural defects and deformities of the foot, including of course, thorough training in the local manifestations of systemic disease.

2. ONTARIO PODIATRY ASSOCIATION

The podiatrists in this province are represented by their professional association, The Ontario Podiatry Association, whose president is Robert R. Brain, B.S., D.S.C., 225 Dundas Street, East, Belleville, Ontario. The Association maintains a central office and staff. It is governed by a Board of Directors and from whom a president, two vice-presidents, a secretary, and a treasurer, are elected by the annual general meeting of the Association. Councils and committees to perform certain functions such as continuing education, conducting of numerous scientific seminars, hospital clinics, etc. have been organized from its membership.

Membership in the Association is open to podiatrists licensed to practice in Ontario and who agree to abide by the by-laws and the code of ethics of the Association. The objectives of the Association are to promote a greater public understanding of foot health and to improve the quality of practitioner by making post-graduate courses available to them. A Scholarship is available to Ontario residents for the first year tuition at the Ohio College of Podiatry.

3. EDUCATIONAL QUALIFICATIONS

The Ontario Board of Regents, the Chiropody Act, 1944, which governs the practice of podiatry in Ontario, recognizes five colleges, all located in the United States. These colleges are also approved by the "Council on Education" of the "Canadian Podiatry Association." The colleges, including their curriculum, staff, standard of teaching and physical facilities are periodically examined by the Ontario Board.

In addition, graduates of these approved colleges, before being licensed to practice in Ontario must pass the examination set by the Ontario Board. The "Council on Education" of the "American Podiatry Association" is charged with the accrediting of the institutions in the United States. This is an agency recognized as such by the "Office of Education" of the U.S. Department of Health, Education, and Welfare, and the colleges are listed in the Higher Education Directory, Part III, published by this agency of the U.S. Government. The entrance requirements of the approved colleges are two years pre-professional college study in English, chemistry, physics, biology, etc.

Grade thirteen in Ontario is accepted as equivalent to the first year of college. The professional course consists of four years totalling approximately 4500 hours, of which, 3000 are didactic and 1500 are clinical. All medical and basic science departments are headed, and in the main, taught by medical teachers attached to medical colleges, or medical specialists in private practice. Where the teacher in the medical or basic science subject is not a medical man he is a recognized scientist specializing in that particular field. The specialized podiatric subjects are headed and taught by podiatric teachers. On completion of the professional course, the student receives the degree "Doctor of Surgical Chiropody" and is eligible to sit for provincial examinations.

4. HOSPITAL SERVICES

The contribution the podiatrist can and does make in his particular field is receiving growing recognition. The continuing expansion and growth of podiatric clinics in hospitals in Ontario is a particular case in point, e.g.

St. Joseph's Hospital, Toronto	1956
St. Michaels Hospital, Toronto	1958
Toronto General Hospital, 1st Clinic	1958
Toronto General Hospital, 2nd Clinic	1962
Baycrest Hospital, Toronto	1961
Toronto Western Hospital	1961

Other distinguished institutions where podiatrists serve are; The Mayo Clinic, Rochester, Minnesota; Boston Deaconess Hospital of Harvard Medical School; Georgetown University Medical School and Hospitals, Washington, D.C., The University of Virginia Medical College and Hospitals; Cedars of Lebanon Hospital, Los Angeles, California; Walter Reed Army Medical Centre, Washington, D.C., and other well known institutions.

Dr. T. A. Crowther in 1960, dealing with the Podiatry Clinic in the "Diabetic Clinic" of the Toronto General Hospital points out how they ".....are impressed with the great value of the podiatry clinic and service performed."

The editorial in the Canadian Medical Association Journal, September 1953, mentioned where, referring to specified hospital clinics, the findings are ".....would not do without them", ".....the clinics have become indispensable", "..... similar gratifying results", etc.

Dr. George Pennal, Chief of Surgery, St. Joseph's Hospital and Sunnybrock Hospital, Toronto and member of the Ontario Board of Regents, stated at a meeting with the O.P.A. and Ontario Medical Association Executives, November 21, 1962 that "..... there is an excellent podiatry clinic at St. Joseph's Hospital. An attempt has been made to establish one at Sunnybrook Hospital but this has not been possible at present. The patient going to hospital, unreferred, must first go through the medical clinic for examination and he is then referred to the podiatry clinic or other clinic, depending on the illness. The podiatry clinic at St. Joseph's Hospital is technically under the orthopaedic service and functions on the same day as the orthopaedic clinic. Reports from staff members and patients is that it serves a very useful function.

The scope of the work is less than would be done by a podiatrist in ordinary practice. It is limited to looking after the problem of diabetic feet, particularly. It is recognized that the establishment of the podiatry clinic has lessened the number of amputations because the people are given proper care and instructions. They are given attention provided by no other service. Their work includes other corrective measures, e.g. soft tissue lesions about the feet."

Dr. Walter C. Alvarez of the Mayo Clinic, writing in the May 1961 issue of "Geriatrics" on the "Value of Foot Care" pointed out that the podiatrist keeps the patient ambulatory and reduces costs from over four dollars daily for the bedridden, to less than two dollars for the ambulatory (1950 figures). This saving, indeed, is greater today and with the constant rise in cost of medical care, this becomes an important contributing factor in the care of patients.

The podiatrist's specialized techniques minimize periods of partial disability and eliminate or shorten periods of total disability. The patient either remains at work or returns to work earlier. These are obvious economic advantages to the patient, insurance carriers and the tax-paying public.

(See Appendices A,B,C,D)

5. INDUSTRY AND LABOUR

The foot of the worker is an important asset to him and his employer. Some industries have an industrial podiatry program and some labour health programs include podiatry on their professional staff. The labour unions are becoming increasingly aware of the importance of podiatry care for their workers, especially workers that have to be ambulatory. A typical example of this would be a letter sent by the 10,000 member "Metropolitan Toronto Council of Public Employees' Unions" to the offices of a physician-sponsored plan, seeking inclusion of podiatry in their medical plan. (Appendix E).

TORONTO GENERAL
HOSPITAL
TORONTO ONTARIO

November 8, 1963.

TO:

The Medical Service Insurance Inquiry:

Dear Sirs:

The Podiatry Clinic was established in the Diabetic Clinic of this Hospital in June, 1958, and this has been continued since that time. It is now held twice weekly. It has provided a very necessary and very worthwhile service in the care of the feet of the diabetic patients.

Sincerely yours,

Diabetic Clinic
per T.A. Crowther, M.D.
TORONTO GENERAL HOSPITAL.

BAYCREST HOSPITAL
3560 BATHURST STREET, TORONTO 19, ONTARIO
TELEPHONE RUSSELL 1-3501

November 12, 1963.

Ontario Podiatry Association,
3017 Bathurst Street,
Toronto 19, Ontario.

Gentlemen: Re: Medical Services Insurance Enquiry.

As you know, Baycrest Hospital recognizes the role of the Podiatrist in providing skilled care of the feet as part of the comprehensive care given its patients. The Podiatry Clinic has been in operation since March 27, 1961, and has directly benefited more than 200 individuals to date.

Since the inception of the program, Lester Hurwitz, D.S.C. has attended over 200 regularly scheduled Podiatry Clinic sessions -- more than 90 of them in the most current twelve month period.

We should therefore like not only to thank the Canadian Podiatry Association for endorsing this program, but specifically thank and commend Lester Hurwitz, D.S.C. for his dedicated voluntary services.

Very truly yours,

Charles A. Markson, M.D.
Physician-in-Chief.

CAM:ew

ST. MICHAEL'S HOSPITAL
Toronto Canada

November 11, 1963.

Ontario Podiatry Association,
Toronto, Ontario.

Dear Sirs:

RE: MEDICAL SERVICES INSURANCE INQUIRY

There has been a Podiatry Clinic conducted in the Out Patient Department of St. Michael's Hospital for the past five years. It is under the supervision of Doctor Clemow and Doctor Newton. This Clinic has proved satisfactory and useful and we would like it to continue if at all possible.

Yours very truly,

P. A. Ryan, M.D.,
MEDICAL DIRECTOR,
OUT PATIENT DEPARTMENT.

PAR/LH

ST. JOSEPH'S HOSPITAL
30 THE QUEENSWAY
TORONTO 3, ONTARIO

November 7, 1963.

Memo to the Ontario Podiatry Association:

St. Joseph's Hospital was the first Toronto Hospital to give substantial recognition to the field of Podiatry, and the out-patient clinic included it in its schedule as far back as the year 1956.

While Podiatry is a comparatively recent field and the clinic a comparatively recent one, it has in this short time built up its services now to the extent that upwards of 700 out-patients are treated in the year. This does not include certain in patients from the floor who would not be registered out-patients.

We feel very happy that we are able to offer this service to our patients, and the patients themselves are delighted with the results. Some will enter the clinic with misgivings and even fear - but are enthusiastic in their praise of the work done.

As far as the administration of this clinic is concerned, I can say that we seldom have any worry, as the men are very faithful to their rotation program, and the care and courtesy with which they deal both with patients and staff alike, is an example to other services.

Our only regret is that we are unable to increase these clinics, due to the great scarcity of qualified Podiatrists available.

We would like to mention too that since our hospital accepted this service, most of the other city hospitals have followed, and in each case they will tell you that their clinics have jumped in numbers to an alarming degree.

Sister Mary Louise,
Director,
Out Patient Department,
St. Joseph's Hospital

Podiatry at St. Lukes On a Par with Other Departments

James C. Giuffre, M.D., medical director of St. Luke's and Children's Medical Center, Philadelphia, is widely recognized as the father of modern hospital podiatry. As a wise father, possessed of objectivity as well as affection, he is as quick to point out podiatry's omissions as he is to note its accomplishments in order to accelerate the fulfillment of its potential.

According to his associates, Dr. Giuffre has "gone out of his way" to put podiatry on an equal footing with allied branches of medicine and surgery. According to Dr. Giuffre himself, this has been no arduous detour, but a well-defined road to utilizing the specialty as part of the health team.

"I was teaching surgery at Temple University School of Chiropody," said Dr. Guiffre, "When I decided I could offer more to the field by helping podiatry become associated with a general hospital. There was at that time an aura around podiatrists and doctors which was unbecoming and threatening to both which created a barrier between the two fields. In the past five years, this wall has crumbled—at least in this hospital, where we have established a cooperative and mutually helpful approach to the care of the total patient. There are many evidences that the wall is weakening elsewhere."

The foot clinic at St. Luke's and Children's was established in 1953, and to date has given over 6,000 treatments. In the beginning, the ubiquitous corn was the major challenge of the podiatry staff. They settled down to prostheses of wool felt, latex and rubber, and to handling the added therapy of injectables. In the case of aged patients, dynamic molds were used to keep these patients ambulatory.

"They were using a minute fraction of their knowledge," said Dr. Giuffre. "There was no one day, of course, when they ceased to be 'corn parers' and became resources of training and skill, respected and resorted to by our staff of over 300 doctors and surgeons. It was a gradual thing, but we did help it along by instituting and maintaining high standards and regulations."

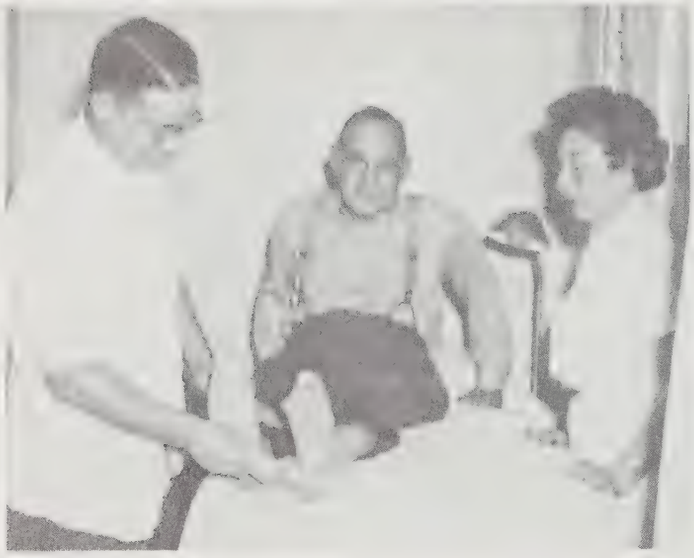
The definition of the hospital's department of podiatry-chiropody is "the agency through which the hospital achieves the proper care of foot pathology. The department aids in the prevention, diagnosis, and treatment of complications involving the foot, arising from various systemic diseases, as well as the palliative and corrective treatment of local foot pathology and complaints for inpatients, outpatients, and hospital personnel.

The members of the department, which is accredited are elected to the hospital staff by the governing board of the hospital staff and the board of trustees. Candidates must be graduates of an accredited college of podiatry-chiropody as provided by the Pennsylvania State Board of Chiropody Examiners and the Council on Education of the American Podiatry Association, and be licensed to practice by the Pennsylvania State Board of Chiropody Examiners.

They must also be members in good standing of the American Podiatry Association, and the local divisional society.

The department is organized on a par with other departments of the hospital, and the staff of six podiatrists with Carmine F. Travagline, D.S.C., as chief of the department. The over-all responsibility for the department rests with the chief of the department of surgery. The secretary is Arthur E. Helfand, D.S.C., a staff member, who is also national chairman of the

James C. Guiffre, M.D., medical director of St. Luke's and Children's Medical Center, Philadelphia. Land is being cleared at the Center for a new college of chiropody-podiatry, of which Dr. Guiffre will be dean.



Top photo: Arthur Helfand, D.S.C., and nurse Ethel Robinson, check a patient suffering from hyperkeratosis, involving cramps and numbness, coldness and tingling. Origin of the condition, according to the clinic, may be vascular, and further tests are scheduled.

Bottom photo: Joseph Bruno and Florence Schaal, physical therapists, treat a patient for strained plantar fascia. In addition to physical therapy, the podiatrists used foot-molds to help alleviate the condition.

Advisory Committee on Civil and Defense Emergency Medical Care, American Podiatry Association, a fellow of the American College of Foot Orthopedists, and American Association of Hospital Podiatrists.

The department holds monthly meetings to study problems and clinical activities. Members of the department are required to attend, and to be prepared to present a synopsis of their activities.

Clinical assignments are on a monthly rotational basis. It is the duty of the man on clinical service to maintain the foot clinic, be available for consultation, and for ward duty when necessary; to guide, teach, and in general supervise the podiatry-chiropody interns for those cases which fall within the scope of the profession. The clinic maintains a referral setup, with an exchange of patients between it and other hospital clinics.

There are, of course, a number of hospitals which have staff podiatrists, but due to the fact that St. Luke's and Children's maintains a separate clinic, it attracts a high calibre of intern. Thus far, some 25 interns have been trained, not only in podiatry, but in the systemic affects of disease on the feet. All are graduates of Temple University; most have gone into private practice, two are in the army as commissioned podiatrists.

"What we especially stress in our training," said Dr. Giuffre, "is that the foot does not stop at the ankle. Three years ago, for instance, we worked in conjunction with the obstetrical department on a survey to determine the effects of pregnancy on the feet. Clinic patients, of course, are in a very low income level, and need prophylactic care during pregnancy.

"We also did pediatric examinations to explore the extent of foot ailments. We found that 66 percent of the children seen needed treatment or prophylactic care. One of our staff members, John Sharp, D.S.C., is National Youth Fitness chairman for the American Podiatry Association, and shares the responsibility of maintaining special clinics for children."

The major scope of treatment is in functional foot disorders. In cases of ulcers of the feet, the podiatrists construct prostheses in their own laboratory setup. They also do surgery, with about 9 percent of the patients in this category.

It was the decision of the podiatrists themselves that any patient entering the hospital for surgery involving the foot is the joint responsibility of the surgeon and the podiatrist. It is mandatory that all patients have a medical or surgical consultant when indicated or when general anesthesia is contemplated.

According to a compilation published by the late William J. Stickel, D.S.C., when he was executive secretary of the National Association of Chiropodists, various surveys of 456,961 adults and children between 1942 and 1947 revealed that 373,399 suffered with foot disorders. The total number of such disorders were 835,401, and covered 60 different types of ailments. The most prevalent was fungus infections, found in 193,684 cases. The next nine, in order of their occurrence, were heloma durum, tyloma, heloma molle, pes planus, metatarsalgia, weakfoot, hyperhidrosis, and infections.

It was found that of the total number examined, 257,831 wore incorrect footgear; 39,342 had faulty posture; and 88,660, faulty gait.

An article in the Journal of the American Podiatry Association in February, 1957, pointed out that "It so becomes a public charge upon each of us to become associated with hospitals, clinics, and institutions in order that we may acquaint, demonstrate, and impart our knowledge and technics to our colleagues in the medical profession."

That this advice is being taken literally is apparent. There are currently well over 300 general hospitals with staff podiatrists and/or clinics. The Veterans Administration has an excellent setup in federal institutions, with about 70 hospitals participating, and units are in the planning stage for Germany and Korea.

Because of this increasing interest, it is felt that a report on the planning and working of St. Luke's and Children's intern training program, its postgraduate

Carmine F. Travagline, D.S.C., chief of the podiatry department, examines a girl brought into the clinic complaining of pain in her ankle. Assisting is nurse Ethel Robinson. The youngster was sent to x-ray for further examination.

program, and its own school of podiatry, which is scheduled to open in September of 1962, will be helpful to hospital administrators and staff members.

During the year spent at the hospital by the podiatry intern, he is required to be on duty and on call at least eight hours a day, and to fulfill given requirements, under supervision, at the following clinics:

Allergy, where he studies the clinical cases which present allergic manifestations in the feet as a result of local or systemic allergy.

Dermatology, where he studies dermatological cases which manifest themselves in the lower extremities; their etiology, symptoms, diagnosis, and treatment.

Medical, where he is instructed in the didactic and clinical diagnosis of the various local and systemic medical problems which present foot pathology. Metabolic and peripheral vascular, where he studies the effects of the various metabolic and circulatory manifestations of the human foot.

Orthopedic, where he studies the various clinical cases of the lower extremity and the effects of other orthopedic pathologies upon the foot. He is instructed in the proper method of orthopedic diagnosis, x-ray findings, laboratory procedures, and in the proper application and indications for casts. All phases of fracture work are demonstrated, as are functional pathologies of the foot and leg.

Pediatric, where he is able to observe and assist in the diagnosis and treatment of pediatric foot pathology, both local pathology and the pedal manifestations of the systemic childhood diseases.

Physical therapy, where he assists in the physical, mechanical, and electrical diagnosis and treatment of local foot pathology and the pedal manifestations of systemic diseases. All of the various modalities are at the disposal of the intern.

Surgical, where he observes the various procedures of the clinic, and in particular, the post-traumatic foot conditions and the surgical treatment of local foot pathology.

Each intern is required to spend a set time on accident ward duty with the medical and surgical residents. In this way, he is able to participate in the diagnosis and emergency treatment of traumatic foot pathology. He is also required to spend a set time in the industrial clinic where, under supervision, he is able to assist in the diagnosis and treatment of industrial injuries involving the foot.

He must examine every ward patient at least once during the patient's stay at the hospital, for local foot pathology and the pedal manifestations of systemic diseases. In consultation with the physician on service, treatment is rendered by the podiatrist as indicated. The intern assists or performs, under the supervision of the departments of surgery and podiatry, all foot surgery, and in consultation with the resident on the floor, is responsible for the pre- and postoperative care of the patient, within the scope of his profession.

The intern must spend a minimum of one month in the clinical laboratory, where he studies and performs all laboratory analyses which pertain to his field. He

Podiatrists Arthur Helfand and A. Joseph Fabii study the x-ray of the youngster shown on this page. Although she complained only of her ankle, the x-ray confirmed Dr. Travagline's diagnosis of foot fracture.

is assigned, in the laboratory, to the departments of hematology, urinalysis, blood bank, serology, chemistry, bacteriology, mycology, and pathology. He must attend all intern and all postgraduate resident lectures presented by the hospital staff.

He must attend the reading of all films which present foot pathology, he has the privilege of attending the daily radiology clinic, and is required to review all traumatic and functional radiographs with the department of radiology, orthopedics and podiatry.

He is further required to assist at all foot surgery, and may perform ward and clinic foot surgery when judged competent by the members of the departments of surgery and podiatry. He is assigned to the department of anesthesiology for instruction in the proper technic of local anesthesia; and the indications and contraindications of local and general anesthesia.

Foot surgery which utilizes podiatry includes: Abcesses—incision and drainage; burns—debridement and surgical treatment; accidental laceration of skin structure—suture and repair; cellulities—incision and drainage; removal of foreign body; debridement and curettage of ulcers and infected tracts. Tumors and cysts: cysts—implantation and epidermoid; verucca—excisions neoplasms. Bones: exostosis—excision; hallux valgus—repair; phalanx—incomplete ostectomy; sesamoid bone—excision; nail, bed, lip, matrix—repair; fractures—closed reduction. Bursae: aspiration, bursectomy; bursotomy. Joints: arthroplasty; arthrotomy. Tendon: Tenotomy; tenectomy; tenoplasty; ganglion—excision.

The postgraduate course covers pathology; medicine and dermatology; pharmacology—pre- and postoperative medication; hospital relations and protocol; diagnostic roentgenology; foot orthopedics and rehabilitation; surgery—surgical anatomy, aseptic surgical technics, laboratory procedures, anesthesia, instrumentation, suturing technics, and the performing of actual surgery.

The basic course is augmented from time to time to meet the changing concepts and practice of podiatry-chiropody. In addition, there are interim specialty courses given, such as applied and surgical anatomy, on a quarterly basis. The faculty, due to the wide variety of courses, is composed of 50 percent physicians and allied fields, and 50 percent podiatrists-chiropodists.

St. Luke's and Children's Medical Center has acquired land in front of the hospital which will be cleared under Philadelphia's urban redevelopment program, part of which will provide the site for a new college of chiropody-podiatry. The school will be a separate entity, but will be an affiliate of the hospital. The first two years of the four-year course will be the same as those of medical and dental schools, and will include biochemistry, histology, anatomy, and physiology. The second two years will be devoted to clinical subjects such as medicine, surgery, and peripheral vascular disease. Dr. Giuffre will be the dean of the new college.

It is a national requirement that a student have over 4,000 clinic hours in order to graduate. Some states, such as New Jersey, Rhode Island, Michigan and West Virginia, also require one year's internship, and other states are considering the adoption of such a requirement.

The official announcement of the podiatry school has been made and a development office established at St. Luke's which has been receiving inquiries from all over the United States regarding admission.

"The great changes that have affected medicine as a whole," said Dr. Giuffre, "have naturally affected the practice of podiatry. Home calls by physicians have been reduced to a minimum, so office calls are heavy. The doctor usually doesn't have time to survey properly the patient who complains of his feet. In such cases, if he is knowledgeable, and has accepted the podiatrist as an ally, he will utilize the specialty.

"We often run into problems with bedridden patients when we try to ambulate them. Doctors of Podiatry-Chiropody are qualified, to help with many of these problems. It is incumbent on us to indoctrinate them properly, and it is essential that we know the systemic condition, which may be relative. We must not simply accept the patient's complaint, but delve into his background for the underlying disease condition. About 90 percent of our patients have a family doctor, and the establishment of a close liaison between him and the podiatrist is necessary for the total treatment of the patient.

"When I was a resident in surgery," continued Dr. Giuffre, "we took care of all kinds of surgery, including injury to the spine and diseases of the bone. Now the orthopedists take care of fractures, tendon lacerations, and amputations. They are hard put to follow up on all surgery cases, and they need someone to take up part of the load. The doors have been opened wide for podiatrists, who have been recognized, and are welcome.

"From here on, the burden of establishment is entirely up to the podiatrists. They have kept themselves on the defensive for too many years. Dentists did the same thing for a long time, and general surgeons of another day would have been appalled at the thought of a dentist performing surgery. Nowadays oral surgeons perform highly skilled surgery.

"The sooner all allied medical services cooperate, the sooner proper controls can be put on them by one body to the point where they are using their best knowledge.

"The podiatrist is on the threshold of fulfillment as a specialist," concluded Dr. Giuffre. "Through knowledge, skill, and humility, he can attain the contagous confidence that will bind him closer to his colleagues and patients."

Reprinted from HOSPITAL TOPICS Magazine

JUNE 1961

Courtesy of Philadelphia College of Chiropody

(APPENDIX 7)

METROPOLITAN TORONTO COUNCIL OF PUBLIC EMPLOYEES' UNIONS

CHARTERED BY

NATIONL UNION OF PUBLIC EMPLOYEES

C.L.C.

7 Kenton Drive,
TORONTO, Ontario.
October 16, 1961.

Physicians Services Incorporated,
2121 Yonge Street,
TORONTO, Ontario.

Gentlemen:

This letter is directed to you in hopes that Physicians Services Inc., will give its consideration to including Podiatrists in its Blue Plan coverage. This Central Council of Public Employees Union has a membership of over 10,000 entailing some 23 local Unions in Metro, of which a large majority are members in the PSI Blue Plan.

Our reason for this request is that many of our members naturally being on their feet a great deal and some of them being refuse collectors walking many miles a day require special treatment on their feet and preferably by a foot specialist. Therefore it is our contention that they should have the privilege of going to a specialist in this field and that as members of the Blue Plan they should be allowed to have their treatments covered by PSI, and that no discrimination should be shown to this group of people as it is now apparent there is by the medical profession.

Further we have been informed that there are certain medical and surgical plans in Ontario that provide for this coverage.

Trusting you will give this matter your attention and advise us of same, we remain

Yours truly,

(Mrs.) Grace Hartman
PRESIDENT.

6. PODIATRY AND THE PUBLIC NEED

All types of foot ailments are on the increase. For example, recent surveys in the United States indicate that as much as 80% of the population has suffered or are suffering from some sort of foot ailment. The increase of foot ailments is not found in a particular age group. Over 85% of the senior citizens are afflicted with foot disorders, while a high percentage of school children have poor foot posture associated with poor body posture. It is estimated that 40% of children have developed foot problems by age six, 72% by high school age. Many of the disorders are not treated until much damage has been caused.

The findings of Drs. Herris and Beath in the "Army Foot Survey" (National Research Council of Canada - 1947) concurred with the experience in the first draft of World War II in the U.S., thirty-two out of every hundred rejections resulted from some type of serious foot ailment. Of the first 2,000,000 men drafted 25,425 were rejected in their preliminary examinations for foot conditions, and another 19,510 were eliminated at basic training for a similar reason.

Significantly, a great percentage of the podiatrists' patients are in the advanced age brackets, and the numbers are bound to increase. The North American continent is fast becoming a nation of older people. Aging brings in its wake the problems of long-term illness in ever increasing numbers. More than 2/5ths. of people sixty-five years and older have some form of disability and of these in the U.S., 1.1 million are confined to hospital.

In all these areas the need for podiatry services is on the increase.

The great demand for podiatry students has been outlined in the National Employment Service booklet "Supply and Demand" 1962-1963 recognizing the need for podiatry in the health professions.

7. GOVERNMENT-PODIATRY RELATIONSHIP IN OTHER COUNTRIES

In the United States, podiatrists serve with commissioned status in the medical departments of the Army, Navy, and Air Force. Approximately 1/3rd. of all "Veteran's, Administration Hospitals, and Clinics" are now utilizing the services of podiatrists. The podiatry profession was actively engaged in the "White House Conference on Children and Youth", and the "White House Conference on Aging." Most states have podiatrists serving at state institutions, consultants to "Workmen's Compensation Boards" and "State School Health Councils."

Recently the House of Representatives in the U.S.A. have amended a Bill H.R.4999, Health Profession's Educational Assistance Act of 1961 to include and provide financial support and aid for podiatry institutions similar and proportionate as that for medical and dental schools.

In Britain, the National Health Service includes payments for "chiropody" services and has "chiropodists" on full-time hospital service throughout the country.

8. EXISTING INSURANCE COVERAGE IN CANADA AND THE U.S.

Most podiatrists in the U.S. are covered by the private health insurance plans. 65% of the 8,000 podiatrists in the U.S. have been participating doctors in plans familiarly known as "Blue-Cross"-"Blue Shield" for numbers of years and it has not been found necessary to raise rates when patients covered by contracts for medical service may elect a podiatrist to perform the service. Canadian branch companies of parent U.S. insurance carriers similarly cover podiatric services in Canada. Many Canadian insurance carriers cover services to podiatrists, e.g.:

Canada Health & Accident Assurance Corp.

Continental Casualty Company

Crown Life Insurance Company

Dominion Life

Excelsior Life Insurance Company

London Life Insurance Company

Mutual Life Assurance Company of Canada

Transportation Insurance Company

Zurich Insurance Company

However, some of the Canadian insurance carriers do not cover podiatry services, perhaps due to lack of experience. The "physician-sponsored" plans in Ontario do not cover podiatry services. The Workmen's Compensation Board of Ontario has covered treatment by podiatrists for over fifteen years. Insurance, covering accidents to school children, also cover podiatry services.

9. THE ROLE OF A PODIATRIST IN A MEDICAL SERVICES INSURANCE PLAN

The insured, when purchasing an Accident and Sickness policy is Unquestionably motivated by a desire to obtain protection from cost of illness and injury. It is fair to assume that the important provision of an "Accident and Sickness Policy", so far as the insured is concerned, is that the policy provides coverage for certain ailments and conditions, and expects that he will be able to obtain the service of his doctor, licensed by the Province, to provide that service.

The insured is only concerned with obtaining reimbursement for expenses incurred by him in connection with a covered condition.

Our position is -

1. The podiatrist makes no claim for recognition of services not already included in the insurance contract. It is the insurance carrier itself who has established the list of compensable services for which benefits are payable for services provided.

2. The legislature in the province, through statute, licensing bodies and regulatory agencies, has clearly set forth the various individuals who shall be authorized to treat and prescribe for the human body. In some instances the right to treat is limited to certain parts of the human body while in other instances it may be a complete license. But in either case the right is clearly established and is susceptible of definition.

3. Attempts on the part of a carrier to limit the policyholder in his choice of licensed, healing arts doctors, are clearly an usurpation of legislative prerogative and an unwarranted interference with the policyholder's right to rely on free choice of such licensed doctors. If this were not true, then surely an insurance carrier, if it so desired could further limit the choice of practitioner to those of a certain school, colour, or even political persuasion. When refined to these obviously absurd limits, the validity of the basic point becomes even more defined.

4. The argument often used by carriers that the premium charged did not contemplate such services is not well taken. The construction of rates for these contracts is based upon reimbursable benefits for conditions and not for who shall treat. This is further borne out by the fact that in scheduled surgical policies it makes no difference whether the insured receives his treatment at the hands of the most eminent specialist in the field or from the family physician --- the benefits payable are the same. Payment for the condition must have been contemplated if the condition is listed in the schedule of compensable services.

5. Podiatry does not contend that carriers must include benefits for foot conditions in contracts written. If they choose to sell policies that exclude such benefits, this would be within their rights, and all practitioners of the healing arts would then fare the same. However, if reimbursement for foot conditions is contained in the policy, then the carrier must recognize the right of any licensed practitioner to treat, if so selected by the policyholder.